

Medicare Rx Update: July 22, 2005

Thinking about enrollment... tools of the trade

In less than four short months, Medicare beneficiaries will begin the process of enrollment. On-line tools are now available to assist limited income Medicare beneficiaries to gain access to the extra help available to them through the Medicare Modernization Act of 2003. Medicare beneficiaries can apply on-line directly with the Social Security Administration to receive the limited income subsidy.

<http://www.socialsecurity.gov/organizations/medicareoutreach2/>

Additionally, a new service has been developed by the Administration on Aging with the assistance of CMS and the National Council on Aging, to assist Medicare beneficiaries and advocates with the low-income subsidy application process. The new service, a special version of **BenefitsCheckUpRx**, will also help them enroll in other health care and prescription drug assistance programs.

<http://www.BenefitsCheckUp.org/rx>

While the push has been to get beneficiaries to apply for extra help in preparation for enrollment, a number of organizations have been busy developing tools to assist Medicare beneficiaries in assessing their prescription drug needs and to help them select the best plan to meet their individual needs. CMS has developed a couple of very useful tools at <http://www.medicare.gov> to help beneficiaries and advocates learn about the basics of the new prescription drug benefit. The "Resources and Education" tab provides great background information. The "Coverage Options" section provides a series of useful questions for a beneficiary to answer to determine what type of choices a beneficiary will have to make to get the most out of the new drug benefit.

CMS has also developed a very useful tool for selecting a Medicare Advantage Plan. CMS will be releasing a similar, but more advanced, tool called the "Medicare Prescription Drug Plan Finder" for assisting beneficiaries with prescription drug plan selection in October, 2005.

<http://www.medicare.gov/MPDPF/Public/Include/DataSection/Questions/MPDPFIntro.asp?version=default&browser=IE%7C6%7CWinXP&language=English&defaultstatus=0&pagelist=Home&ViewType=Public&PDPYear=2006&MAPDYear=2006&MPDPF%5FMPPF%5FIntegrate=N>

* If the link above does not work, try cutting and pasting it into your browser.

Needs assessment before plan selection...

Regardless of the tool one uses in assisting a beneficiary in making the right choice of prescription drug plan, the important thing to remember is that the plan selected by a beneficiary should match the beneficiaries needs. For example, no beneficiary should be counseled to select a prescription drug plan if they are happy with prescription drug coverage provided by a former employer and that coverage is as good or better than the coverage offered by Medicare. Each beneficiary's needs must be assessed through a series of basic questions before any plan is selected. We will provide some guidance on a basic "decision tree" for narrowing beneficiary choices in the next couple of e-mails... so watch this space.

... Pharmacists can and should help

Pharmacists are well positioned to help with this needs assessment, and we expect that beneficiaries will ask their trusted pharmacist for this assistance. Since our last Medicare Rx Update, we have received some very useful feedback to consider in finalizing our marketing guidelines. CMS has and will continue to encourage pharmacists to play a key role in assisting beneficiaries in assessing their individual needs so the beneficiary may select the right plan for them. However, due to the financial interests that providers may have in individual plans, CMS must assure that beneficiaries are not inappropriately steered into plans that favor the provider at the expense of the beneficiary. The final CMS marketing guidelines will reflect a balancing of these interests and will not unduly burden a pharmacists' communication with beneficiaries about what is in the best healthcare interests of the patient.

Question of the Week:

The regulation requires retention of records for the period of 10 years. In what format(s) must these records be retained, particularly by network pharmacies under Part D?

You can view this answer at:

http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=5137&p_created=1120770881

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